State of California—Health and Human Services Agency
Department of Health Services

California Department of Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.
Director

GRAY DAVIS
Governor

April 7, 2003

TO: Infection Control Practitioners
General Acute Care Hospital Administrators
Emergency Departments
Outpatient Clinic Services
Physician Offices

Subject: Severe Acute Respiratory Syndrome (SARS) – Infection Control Recommendations, Update of April 7, 2003.

On March 21, the California Department of Health Services (CDHS) issued interim infection control recommendations for the management of hospitalized patients with suspected severe acute respiratory syndrome (SARS). The hospital infection control recommendations have recently been revised to include new recommendations distributed by the Centers for Disease Control and Prevention (CDC). Additional recommendations have been developed for emergency departments, outpatient settings (clinics and physician offices), home settings, healthcare worker exposure, aerosol-generating procedures, and safe handling of human remains, reflecting recent CDC recommendations in each of these areas.

Infection control practitioners should distribute this information to all hospital departments, services and medical specialties responsible for admitting, diagnosing and treating and discharging patients with suspected SARS including, but not limited to, hospitalists, intensivists, pulmonologists and infectious disease physicians.

Within the next few weeks hospitals will receive information about a CDC investigation of healthcare workers who may have had unprotected exposure to a suspected SARS patient. The investigation will be administered by the CDHS, Division of Communicable Disease Control.

For assistance and information about SARS infection control recommendations, please contact Chris Cahill, MS, RN (ccahill@dhs.ca.gov) or Jon Rosenberg, MD (jrosenbe@dhs.ca.gov).

Information on SARS is available at the CDC (www.cdc.gov/ncidod/sars/) and WHO (www.who.int/en/) web sites.

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Severe Acute Respiratory Syndrome (SARS)
Centers for Disease Control and Prevention (CDC)
Interim Case Definition (April 1, 2003 and subject to change)

The following case definition should be used when reporting suspected cases of SARS to the local health department:

The patient has a respiratory illness of unknown etiology with onset since February 1, 2003, and meets the following criteria:

- Measured temperature ≥ 100.5°F (>38° C) **AND**
- One or more clinical findings of respiratory illness (e.g. cough, shortness of breath, difficulty breathing, hypoxia, or radiographic findings of either pneumonia or acute respiratory distress syndrome) **AND**
- Travel within 10 days of onset of symptoms to an area with documented or suspected community transmission of SARS (see list below; excludes areas with secondary cases limited to healthcare workers or direct household contacts) **OR**
- Close contact* within 10 days of onset of symptoms with either a person with a respiratory illness who traveled to a SARS area or a person known to be a suspect SARS case.

Close contact is defined as having cared for, having lived with, or having direct contact with respiratory secretions and/or body fluids of a patient known to be suspect SARS case.

Areas with documented or suspected community transmission of SARS: Peoples' Republic of China (i.e., Mainland China and Hong Kong Special Administrative Region); Hanoi, Vietnam; and Singapore

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SEVERE ACUTE RESPIRATORY SYNDROME (SARS) INFECTION CONTROL RECOMMENDATIONS HOSPITALIZED PATIENTS

April 7, 2003

Infection Control Practitioner
Infection control practitioners (ICP) should be notified immediately of all patients admitted with suspected SARS.

Reporting
All cases of suspected SARS that meet the current case definition should be reported within one working day to the local health department.

Room Placement
Patients with suspected SARS should be isolated, ideally, in negative pressure rooms with adjoining anterooms. However, these facilities may be limited or, in some hospitals, non-existent. Several options for isolating patients with SARS are presented. Plan A or B is the best approach for a limited number of cases. Plan C may have to be implemented to accommodate a large number of patients.

Plan A: - Airborne (Negative Pressure) Isolation Room: Place the patient in a private room that has (1) monitored negative air pressure in relation to the exterior surrounding areas, (2) 6 -12 air changes per hour (ACH), and (3) appropriate venting of contaminated air to the outside. If 6 – 12 ACH cannot be achieved, place a HEPA filtration unit in the room. The windows and doors should remain closed and the patient should remain in the room.

Plan B: – No Negative Pressure Room: Place the patient in a private room, equipped with a HEPA filtration unit, if available. The windows and doors should remain closed and the patient should remain in the room.

Plan C: – Designated Nursing Unit: If the number of patients requiring hospitalization and isolation increases, consider designating a wing of a nursing unit or, preferentially, an entire nursing unit. Infection control practitioners should develop a plan consistent with the structure of the hospital and the ability to effectively isolate infected patients from non-infected patients.

Visitors
Visitors should be limited to the immediate family or significant others. If this is not an option, visitors who do not have symptoms of SARS should be instructed to wear personal protective equipment including a surgical mask over their nose and mouth when entering the room of a SARS patient. Close contacts (e.g., family members) of SARS patients with either fever or respiratory symptoms should be instructed not to visit patients with SARS. A system for screening SARS visitors for fever or respiratory symptoms should be developed and implemented. Hospitals should educate visitors about infection control procedures when visiting patients with SARS.

Hospital Discharge
Decisions regarding discharge and follow-up for patients with suspected SARS should be made on a case-by-case basis, in consultation with local health departments.

Healthcare Worker Exposure
Healthcare workers (HCW) who have unprotected (N-95 or higher respirator) direct contact with a SARS patient should report the exposure to infection control or employee health as soon as possible (before or, at the latest. the end of the shift on the exposure day). The HCW should complete a screening (see Healthcare Worker Screening) form and be instructed to monitor their temperature in the morning and in the evening for at least 10 days. If a fever or cough develops, the HCW should be instructed to seek medical evaluation immediately.

Personal Protective Equipment (PPE)
Respirators: Disposable, NIOSH-approved, fit-tested N-95 respirators should be worn when entering the room and removed after leaving the room. If patients cannot be placed in negative pressure or HEPA filtered rooms, N-95 respirators should be worn at all times when entering a designated SARS unit.

Facial Shields or Eye Protectors: Face shields or eye protectors with side shields should be worn when entering the room.

Gowns: Disposable gowns or coveralls should be worn when entering the room if substantial contact with the patient or environmental surfaces is anticipated.

Gloves: Disposable gloves should be worn when entering the room.

Dietary Trays and Eating and Drinking Utensils: Disposable dietary trays and eating and drinking utensils are not recommended.

Handwashing
Hands should be washed with soap (antimicrobial or plain) and water after unprotected (ungloved) contact with visible blood, body fluids (respiratory and nasal secretions, excretions, wound drainage and skin visibly soiled with blood and body fluids). If hands are not visibly soiled, an alcohol-based hand rub can be used to decontaminate hands after patient contact. After handwashing or hand decontamination, avoid touching the patient and surfaces or items in the immediate vicinity of the patient (bed rails, bedside tables).

Transporting Patients
Patients should not be transported to other areas of the hospital unless absolutely necessary. If patients must be transported, place a surgical mask over patient's nose and mouth, if tolerated. If an elevator is used to transport patients, all occupants should wear N-95 respirators.

Laboratory Specimens
Specimens should be placed in zip-lock bags that are tightly sealed and properly labeled.

Patient Care Equipment
Patient care equipment (e.g., thermometers, blood pressure cuffs, stethoscopes and commodes) should be kept in the patient's room. Use disposable equipment whenever possible. Reusable equipment should be placed in an appropriately labeled container, sealed and transported to central service for reprocessing.

Environmental Services
Daily Cleaning: environmental surfaces in the patient's room and bathroom should be cleaned and disinfected with a properly diluted Environmental Protection Agency (EPA) approved disinfectant such as a quaternary ammonium or phenolic compound according to hospital policy.

Terminal Cleaning: rooms should be cleaned and disinfected according to standard hospital policy.

Soiled Linen
Soiled Linen should be handled according to standard hospital policy.

Biohazard Waste
Disposable items removed from the patient's room should be handled according to standard hospital policy
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SEVERE ACUTE RESPIRATORY SYNDROME (SARS) INFECTION CONTROL RECOMMENDATIONS EMERGENCY DEPARTMENTS

April 7, 2003

The following infection control recommendations have been developed to assist emergency departments to triage patients who may be ill with severe acute respiratory syndrome (SARS). These recommendations are consistent with the CDC *Triage of Patients Who May Have Severe Acute Respiratory Syndrome: Interim Guidance for Screening in Ambulatory Care Settings*, March 25, 2003 (www.cdc.gov/ncidod/sars/triage_interim_guidance.htm).

Patient Triage

Post a sign outside the emergency department entrance informing patients of the need to take special precautions. As an example:

> **To all patients**:
> To prevent the transmission of severe acute respiratory syndrome (SARS) to healthcare workers and other patients, please follow these instructions:
>
> **If you have a fever and a new cough and/or difficulty breathing**
> **PLEASE**
>
> 1. Place a surgical mask, located (location of mask instructions) over your nose and mouth before entering this health care facility.
> 2. Inform the assistant at the front desk of your symptoms.
>
> THANK YOU FOR PROTECTING OUR PATIENTS AND HEALTHCARE WORKERS

- Healthcare workers who are the first points of contact should be trained to screen patients for SARS.
- If possible, triage patients as they enter the emergency department.
- To facilitate identification of patients who may have SARS, targeted screening questions concerning fever, respiratory symptoms, and recent travel should be performed as soon as possible after patient arrival.
- Healthcare workers working at the front desk should put on an N-95 respirator when exposed to a suspected case of SARS. If N-95 respirators are not available, the healthcare worker should put on a surgical mask.
- The patient should be instructed to wear a surgical mask over their nose and mouth at all times while in emergency department examination room and, if hospitalized, during transportation nursing unit.

- Patients with fever and respiratory symptoms should not remain in the waiting room but should be taken immediately to an airborne isolation or HEPA filtered examination room and the door should remain closed.
- To facilitate contact tracing of exposed employees, the local health department should be notified of all suspected cases of SARS.

Personal Protective Equipment

- Healthcare workers assigned to emergency departments should have immediate access to personal protective equipment including gowns, gloves, respirators, masks and eye protectors or face shields.
- Healthcare workers should wear disposable, long sleeve gowns when direct face to face contact with a SARS infected person is anticipated.
- Disposable, non-sterile gloves should be worn when contact with respiratory secretions, blood and other body fluids are anticipated. Gloves are **not** a substitute for hand washing. Gloves should be put on immediately before patient contact and removed when physical contact with the patient is no longer necessary. Gloves should be changed between each patient.
- Hands should be washed with soap (plain or antimicrobial) and water after contact with all patients and environmental surfaces close to the patient. If hands are not visibly soiled with respiratory secretions, blood or other body fluids, an alcohol-based hand hygiene product can be use. For maximum effectiveness follow the instructions on the product label.
- Healthcare workers should be instructed not to touch the mucous membranes of the nose, eye or mouth with unwashed hands.
- An N-95 respirator should be worn when entering the room of a suspected SARS patient. When N-95 respirators are not available, healthcare workers evaluating and caring for suspect SARS patients should wear a surgical mask.
- Eye protectors (eye shields or goggles) should be worn when in direct face to face contact with a coughing patient.

Patient Care Equipment

- Reusable examination equipment such as stethoscopes and blood pressure cuffs and should be disinfected with a properly diluted, FDA approved, germicidal solution after use on a SARS patient.
- Environmental surfaces should be disinfected with a properly diluted FDA-approved disinfectant after the patient leaves the examination room and before admitting another patient to that room.
- Disposable examination gowns and sheets should be placed in a plastic leak-proof bag and disposed of according to hospital policy.
- Reusable examination gowns, sheets and lab coats should be placed in leak-proof bags and laundered according to hospital policy.

Patient/Family Instructions

- Patient and family members should be informed about SARS and how it is transmitted. If the patient is discharged to home, instructions have been developed for caring for the patient is the home (See Home Settings Instructions).
- Family members should be instructed to seek medical evaluation of they develop a fever and a cough.

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SEVERE ACUTE RESPIRATORY SYNDROME (SARS)
PATIENT SCREENING FORM

April 7, 2003

Current Date: _____/_____/_____ Medical Record Number: _____

Last Name: _____First Name: _____MI: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____ Occupation: _____

Work Address: _____ City: _____ State: _____ Zip Code: _____

Age: ___Date of Birth: ____/____/____ Sex: ____ Date Symptoms Started: _____/____/_____

1. In the past 10 days have you returned from travel to the People's Republic of China (Mainland China and Hong Kong Special Administrative Region), Singapore or Hanoi, Vietnam? **If yes**, identify city(s)/countries(s) and date(s) of travel:
   _____

2. In the past 10 days, have you had close contact (lived with, cared for, had direct contact with respiratory secretions and body fluids) with any person who has recently returned from People's Republic of China (Mainland China and Hong Kong Special Administrative Region), Singapore or Hanoi, Vietnam? **If yes**, provide the person's name(s), and telephone numbers:_____

3. Since the onset of fever or cough, have you traveled to other USA cities? **If yes**, identify city(s) and dates of travel:
   _____

4. If you traveled within the U.S while sick with cough or fever, identify method of transportation (air, bus, train, car etc):_____

5. Since the onset and fever or cough, have you:

(a) Worked in an office with other employees?	**YES**	**NO**
(b) Attended any social functions?	**YES**	**NO**
(c) Had contact with friends or family members not living in your house?	**YES**	**NO**

Over the past 10 days, have you had any of the following symptoms? (Check yes to all that apply).

Symptoms	Yes	Symptoms	Yes
Fever		Trouble breathing	
Shaking chills		Sweating excessively	
Headache		Pain or tightness in the chest	
Dry cough		Very tired	
Sore muscles		Pain in the stomach	
Sore throat		Diarrhea	
Upset stomach (nausea)			

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SEVERE ACUTE RESPIRATORY SYNDROME INFECTION CONTROL RECOMMENDATIONS HOME SETTINGS

April 7, 2003

Severe acute respiratory syndrome (SARS) is an illness that is spread by close personal contact with an ill person. Close personal contact means having cared for, having lived with, or having direct contact with the respiratory (lung or nasal) secretions or other body fluids of a person suspected of having SARS. Patients with SARS may transmit the infection to family members or friends. The duration of time before or after onset of symptoms during which a patient with SARS can transmit the disease to others is unknown. The following infection control recommendations have been developed for patients with suspected SARS in households or residential settings. These recommendations are consistent with the CDC *Interim Guidance on Infection Control Precautions for Patients with Suspected Severe Acute Respiratory Syndrome (SARS) and Close Contacts in Households*, March 29 (www.cdc.gov/ncidod/sars/ic-closecontacts.htm).

- SARS patients should limit interactions outside the home and should not go to work, school, out-of-home child care, or other public areas until ten days after the end of fever and respiratory symptoms (cough, shortness of breath). During this time, infection control recommendations, as described below, should be used to minimize the potential for transmission.
- Friends and relatives should not visit until ten days after the ill person has no fever or respiratory symptoms.
- Household members should wash their hands with soap and water after gloved and ungloved contact with the ill persons respiratory (lung or nasal) secretions, blood and other body fluids (urine, wound drainage, etc.). Alcohol-based hand hygiene products can be use after removing gloves and when hands are not visibly soiled with respiratory secretions, blood and other body fluids.
- Use of disposable gloves should be considered for any direct contact with respiratory secretions, blood and other body fluids of a SARS patient. ***However, gloves are not intended to replace proper hand hygiene.*** Immediately after activities involving contact with body fluids, gloves should be removed and discarded and hands should be washed. Gloves should never be washed or reused.

- Each patient with SARS should be advised to cover his or her mouth and nose with a facial tissue when coughing or sneezing. SARS patients should wear a surgical mask when in the same room as uninfected persons. If unable to wear a surgical mask, household members should wear surgical masks when in the same room as the patient.
- Sharing of eating utensils between SARS patients and other household members should be avoided. Dishes and utensils should be washed with hot water and a detergent after use by the ill person.
- Environmental surfaces in the kitchen, bathroom and bedroom should be cleaned at least daily with a household disinfectant according to manufacturer's instructions.
- The ill person's clothes, bed linens, towels should not be shared with well household members. Linens should be washed in cool to warm water and any commercial laundry product. Consider the use of gloves during this activity.
- Household waste soiled with respiratory secretions or other body fluids, including facial tissues and surgical masks, may be safely be disposed as normal household waste.
- Household members or other close contacts of SARS patients who develop fever or respiratory symptoms should seek healthcare evaluation. When possible, inform the healthcare provider of the SARS exposure before going to the doctor's office or the emergency department.
- At this time, in the absence of fever or respiratory symptoms, household members or other close contacts of SARS patients need not limit their activities outside the home

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SEVERE ACUTE RESPIRATORY SYNDROME (SARS) INFECTION CONTROL RECOMMENDATIONS AEROSOL-GENERATING PROCEDURES

April 7, 2003

The following recommendations are based on CDC *Infection Control Precautions for Aerosol-Generating Procedures on Patients who have Suspected Severe Acute Respiratory Syndrome (SARS),* March 20, 2003 (www.cdc.gov/ncidod/sars/aerosolinfectioncontrol.htm).

Multiple cases of suspected severe acute respiratory syndrome (SARS) have occurred in healthcare personnel who had cared for patients with SARS. During the course of the investigation, CDC has received anecdotal reports that aerosol-generating procedures may have facilitated transmission of the etiologic agent of SARS. Procedures that induce coughing can increase the likelihood of droplet nuclei being expelled into the air. These potentially aerosol-generating procedures include aerosolized medication treatments (e.g., albuterol), diagnostic sputum induction, bronchoscopy, airway suctioning, and endotracheal intubation. For this reason, healthcare personnel should ensure that patients have been evaluated for SARS before initiation of aerosol-generating procedures. Evaluation for SARS should be based on the most recent case definition for SARS (www.cdc.gov/ncidod/sars/casedefinition.htm). Aerosol-inducing procedures should be performed on patients who may have SARS only when such procedures are deemed medically necessary. These procedures should be performed using airborne precautions as previously described for other infectious agents, such as *Mycobacterium tuberculosis* (Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Facilities.) (www.cdc.gov/mmwr/preview/mmwrhtml/00035909.htm). Personal protective equipment including N-95 or a higher level of respiratory protection should be worn by all healthcare workers who may exposed to aerosol-generating procedures on patients with suspected SARS.

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SEVERE ACUTE RESPIRATORY SYNDROME (SARS) INFECTION CONTROL RECOMMENDATIONS HANDLING HUMAN REMAINS

April 7, 2003

The following recommendations are based on the CDC *Safe Handling of Human Remains of Severe Acute Respiratory Syndrome (SARS) Patients: Interim Domestic Guidance*, March 25, 2003 (www.cdc.gov/ncidod/sars/autopsy.htm).

Postmortem procedures require the use of appropriate personal protective equipment (PPE) and equipment with appropriate safety features. Mechanical devices used during autopsies can efficiently generate fine aerosols that may contain infectious organisms. Thus, PPE should include both protective garments and respiratory protection as outlined below.

Personal Protective Equipment

For autopsies and postmortem assessment of SARS cases, PPE should include:

- Protective garments**:** surgical scrub suit, surgical cap, impervious gown or apron with full sleeve coverage, eye protection (e.g., goggles or face shield), shoe covers and double surgical gloves with an interposed layer of cut-proof synthetic mesh gloves.

- Respiratory protection**:** N-95 or N-100 respirators; or powered air-purifying respirators (PAPR) equipped with a high efficiency particulate air (HEPA) filter. PAPR is recommended for any procedures that result in mechanical generation of aerosols, e.g., use of oscillating saws. Autopsy personnel who cannot wear N-95 respirators because of facial hair or other fit-limitations should wear PAPR.

Autopsy procedures

For autopsies and postmortem assessment of SARS cases, safety procedures should include:

- Prevention of percutaneous injury**:** including never recapping, bending or cutting needles, and ensuring that sharps disposal containers are available.

- Handling of protective equipment**:** protective outer garments must be removed when leaving the immediate autopsy area and discarded in appropriate laundry or waste receptacles, either in an antechamber to the autopsy suite or immediately inside the entrance if an antechamber is not available. Hands should be washed upon glove removal.

Engineering strategies and facility design

- Air handling systems**:** autopsy suites must have adequate air-exchanges per hour and correct directionality and exhaust of airflow. Autopsy suites should have a minimum of 12 air-exchanges per hour and should be at a negative pressure relative to adjacent passageways and office spaces. Air should not be returned to the building interior, but should be exhausted outdoors, away from areas of human traffic or gathering spaces (e.g., off the roof) and away from other air intake systems. For autopsies, local airflow control (i.e., laminar flow systems), can be used to direct aerosols away from personnel; however, this safety feature does not remove the need for appropriate personal protective equipment.

- Containment devices**:** biosafety cabinets should be available for handling and examination of smaller specimens. Oscillating saws are available with vacuum shrouds to reduce the amount of particulate and droplet aerosols generated. These devices should be used whenever possible to decrease the risk of occupational infection.

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SEVERE ACUTE RESPIRATORY SYNDROME (SARS) INFECTION CONTROL RECOMMENDATIONS HEALTHCARE WORKER SCREENING

April 3, 2003

Healthcare workers (HCW) in Asia and in Canada have developed SARS after contact with infected patients. The California Department of Health Services (CDHS) and the Centers for Disease Control and Prevention (CDC) have developed infection control recommendations for isolating SARS patients in healthcare settings. The recommendations should be implemented as soon as SARS (any patient fever and cough) is suspected. Currently little is known about the transmission of SARS in healthcare settings, therefore, it is possible that HCW may be exposed before the infected patient is identified.

The CDC posted *Interim Domestic Guidance for Management of Exposures to Severe Acute Respiratory Syndrome (SARS) for Healthcare and Other Institutional Settings.* (http://www.cdc.gov/ncidod/sars/exposureguidance.htm). The CDHS has modified the CDC recommendations to include additional suggestions that may be helpful in minimizing the transmission of SARS to HCW.

Infection Control/Occupational Health Coordinator Responsibilities

- If suspected SARS patients have been diagnosed and subsequently either admitted to the hospital or discharged without hospitalization and HCW have had unprotected* exposure, initiate daily fever and respiratory symptom surveillance.
- Instruct healthcare workers to immediately report any unprotected exposure to a patient with suspected or diagnosed SARS to the infection control or occupational health coordinator.
- Exclude the exposed HCW from duty **if fever or respiratory symptoms** develop during the 10-day period following an unprotected exposure to a SARS patient.
- Exclude HCW with suspected SARS from work until 10 days after the resolution of fever and respiratory symptoms.
- Implement an active, hospital-wide, daily surveillance program to identify patients who may have been diagnosed with SARS after admission.
- Maintain a line listing of all HCW who had unprotected face to face contact with a SARS patient.

- Notify the local health department within one working day of any patient or HCW with SARS.
- Maintain a log of all suspected or diagnosed SARS cases.
- Monitor employee sick calls daily to determine if illness is SARS related.
- Educate HCW, ancillary staff, volunteers and visitors about SARS symptoms and infection control recommendations.
- Request visitors and volunteers to remain at home if they have fever and cough.
- Hospital infection control committee should develop strategies for the immediate implementation of these recommendations.

*Unprotected exposure - the HCW did not wear, at a minimum, an N-95 respirator at the point of initial (first) contact or during subsequent contacts with a patient with SARS.

SEVERE ACUTE RESPIRATORY SYNDROME (SARS)
HEALTHCARE WORKER SCREENING/REPORTING FORM

Date of Report: _____/____/____ Name of Hospital: _____

HCW Name: _____ Date of Birth: ___/____/_____ Sex: ____

SSN: _____Home Address: _____

City: _____ State: ____ Zip Code: _____ Telephone #: (____)_____

Nursing unit/department/service where HCW routinely works: _____

Since the onset of fever or cough has the HCW reported to work? NO YES

Date(s) of SARS Exposure: ___/___/__ Place(s) of SARS Exposure (ED, ICU, etc.): _____

Name of SARS Patient HCW exposed to, if known: _____

Did the SARS patient have CXR documented pneumonia? NO YES

Was the SARS patient admitted to the hospital? NO YES If yes, what nursing unit? _____

Date and time SARS patient was placed in airborne isolation: _____/____/____ Time: _____

Did HCW self-report exposure? NO YES If yes, date reported: _____/____/____

Did exposed HCW wear N-95 respirator at all times during the exposure period? **NO YES**

If no, estimate number of minutes HCW had unprotected exposure to SARS patient. _____

Did the HCW wear eye protectors at all times during the exposure period? **NO YES**

Date HCW Symptoms Onset? ____/____/____ Was HCW hospitalized? NO YES

If yes: Identify hospital: _____ City:_____ Zip: ____

Did the HCW have CXR documented pneumonia? NO YES

Was the HCW intubated? NO YES If yes, date intubated? _____/_____/_____

Did the HCW expire? NO YES If yes, was autopsy performed? NO YES

Date expired or discharged? _____/_____/_____

Laboratory specimens sent to local health department? NO YES

Family member(s), close contacts reported/referred to local health department? NO YES

Did any HCW develop SARS as a result of exposure to this HCW? NO YES

Over the past 14 days, has the HCW had any of the following symptoms? (Check all that apply).

Symptoms	Yes	Symptoms	Yes
Fever		Trouble breathing	
Shaking chills		Sweating excessively	
Headache		Pain or tightness in the chest	
Dry cough		Very tired	
Sore muscles		Pain in the stomach	
Sore throat		Diarrhea	
Upset stomach (nausea)			

SEVERE ACUTE RESPIRATORY SYNDROME (SARS)
HEALTHCARE WORKER EXPOSURE LINE LISTING

Infection Control/Employee Health: Provide information only if HCW did not wear a N-95 respirator at the point of initial (first) face to face contact and during all subsequent contacts with a SARS case.

Information on SARS Source Patient

SARS Patient Name	Date/Time Hospital Admission	Age	Admitting MD	Nursing Unit Admitted	Date Onset symptoms	Fever and Cough Yes/No	Date/time Patient Isolated	Pneumonia by CXR Yes/No	Discharge Home Yes/No If yes, date	Expired Yes/No If yes, date expired

Information on SARS Exposed Healthcare Workers

Name Exposed Employee	Age	Date Exposed to SARS	Place Exposed (ED/ICU)	Date onset of symptoms	Admitted Hospital Yes/No If yes, date admitted	Intubated Yes/No If yes, date intubated	Pneumonia by CXR Yes/No	Worked with fever and cough Yes/No	Eye Protection Worn Yes/No	N-95 Respirator Worn Yes/No	Discharge Home Yes/No If yes, date	Expired Yes/No If yes, date expired

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SEVERE ACUTE RESPIRATORY SYNDROME (SARS) INFECTION CONTROL RECOMMENDATIONS OUTPATIENT CLINIC AND PHYSICIAN OFFICE SETTINGS

April 3, 2003

The following infection control recommendations have been developed to assist healthcare workers (HCW) in outpatient (ambulatory care) clinics and physician offices to triage patients who may be ill with severe acute respiratory syndrome (SARS). These recommendations are consistent with the CDC *Triage of Patients Who May Have Severe Acute Respiratory Syndrome: Interim Guidance for Screening in Ambulatory Care Settings*, March 25, 2003 (www.cdc.gov/ncidod/sars/triage_interim_guidance.htm). The most recent case definition for SARS, accessible at www.cdc.gov/ncidod/sars/casedefinition.htm, should be used as a basis for screening questions.

Patient Triage

- Post a sign outside the clinic or office entrance informing patients of the need to take special precautions. As an example:

To all patients:

To prevent the transmission of severe acute respiratory syndrome (SARS) to healthcare workers and other patients, please follow these instructions:

If you have a fever and a new cough and/or difficulty breathing

PLEASE

- Place a surgical mask, located (location of mask instructions,) over your nose and mouth before entering this health care facility.
- Inform the assistant at the front desk of your symptoms.

THANK YOU FOR PROTECTING OTHER PATIENTS AND HEALTHCARE WORKERS

- Healthcare workers who are the first points of contact should be trained to screen patients for SARS.
- If possible, triage all patients when they call for an appointment. If SARS is a likely diagnosis, the patient should be instructed to go immediately to the nearest emergency department, bypassing the physician's office or outpatient clinic.
- To facilitate identification of patients who may have SARS, targeted screening questions concerning fever, respiratory symptoms, and recent travel should be performed as soon as possible after patient arrival.
- Healthcare workers working at the front desk should put on an N-95 respirator when exposed to a suspected case of SARS. If N-95 respirators are not available, the healthcare worker should put on a surgical mask.
- The patient should be instructed to wear a surgical mask over their nose and mouth at all times while in outpatient clinic or physician's office waiting area, examination room and during transportation to the emergency department.
- Patients with fever and respiratory symptoms should not remain in the waiting room but should be taken immediately to an examination room and the door should remain closed.
- If the patient must be transported to a hospital by ambulance, the hospital emergency room and the ambulance transport service should be notified of the possible SARS diagnosis and instructed to take the appropriate infection control precautions. .
- To facilitate contact tracing of exposed employees, the local health department should be notified of all suspected cases of SARS.

Personal Protective Equipment

- Healthcare workers assigned to outpatient clinic or physician offices should have immediate access to personal protective equipment including gowns, gloves, N-95 respirators, surgical masks and eye protectors or face shields.
- Healthcare workers should wear disposable, long sleeve gowns when direct face to face contact with a SARS infected person is anticipated.
- Disposable, non-sterile gloves should be worn when contact with respiratory secretions, blood and other body fluids are anticipated. Gloves are **not** a substitute for hand washing. Gloves should be put on immediately before patient contact and removed when physical contact with the patient is no longer necessary. Gloves should be changed between each patient.
- Hands should be washed with soap (plain or antimicrobial) and water after contact with all patients and environmental surfaces in close proximity to the patient. If hands are not visibly soiled with respiratory secretions, blood or other body fluids, an alcohol-based hand hygiene product can be use. For maximum effectiveness follow the instructions on the product label.
- Healthcare workers should be instructed not to touch the mucous membranes of the nose, eye or mouth with unwashed hands.

- An N-95 respirator should be worn when entering the room of a suspected SARS patient. When N-95 respirators are not available, healthcare workers evaluating and caring for suspect SARS patients should wear a surgical mask.
- Eye protectors (eye shields or goggles) should be worn when in direct face to face contact with a coughing patient.

Patient Care Equipment

- Reusable examination equipment such as stethoscopes and blood pressure cuffs should be disinfected with a properly diluted, FDA approved, germicidal solution after use or a SARS patient.
- Environmental surfaces should be disinfected with a properly diluted FDA-approved disinfectant after the patient leaves the examination room and before admitting another patient to that room.
- Disposable examination gowns and sheets should be placed in a plastic leak-proof bag and disposed of as regular waste.
- Reusable examination gowns, sheets and lab coats should be placed in leak-proof laundry bags and laundered with warm water and any commercial detergent .

Patients/Family Instructions

- Patient and family members should be informed about SARS and how it is transmitted. If the patient is discharged to home, instructions have been developed for caring for the patient is the home (*See Infection Control Recommendations in the Home Setting*).
- Family members should be instructed to seek medical evaluation if they develop a fever and a cough or other respiratory symptoms.